

APPENDIX 4

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD LOS ANGELES REGION

NOTICE OF INTENT TO COMPLY WITH ORDER NO. R4-2005-XXXX CONDITIONAL WAIVER OF WASTE DISCHARGE REQUIREMENTS FOR DISCHARGES FROM IRRIGATED LANDS FOR INDIVIDUAL DISCHARGER

An on-line application system is under development which will replace the document below. However, the Notice of Intent information is substantially equivalent to the information required below. Regional Board staff will inform the regulated community when the on-line form is accessible through the Regional Board website at www.waterboards.ca.gov/losangeles.

In addition to the information contained below, the new form will require data on the following topics:

- a. Existing pest control methods used
- b. Timing of pesticide application
- c. Description of discharge impounds
- d. Acreage of row crops, orchards, vineyards, nurseries and green houses
- e. Irrigated acreage by type of irrigation: drip, sprinkler, furrow
- f. Irrigated acreage generating discharge: tail water, tail water to pond, tile drain, tile drain to pond, storm water.

1. Individual Discharger Information

Discharger Name:			
Facility Name ¹			
Physical Address:			
City:	County:	Zip:	Phone:
Mailing Address			
City	State	Zip	
Contact Person:			

2. Billing Address (if different from above)

Name:			
Street Address:			
City:	County:	Zip:	Phone:

¹ Facilities include lands where water is applied for the purpose of producing crops and includes commercial nurseries, and nursery stock production.

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Contact Person:

3. Site Information

Street Address:		
City:	County:	Total size of site (acres):
Assessor's Parcel Number:	Closest Blue-line stream and Distance:	
Township and Range:		
Mark only One Item: 1. <input type="checkbox"/> Low Risk ² 2. <input type="checkbox"/> Typical		
Please characterize your property as Low Risk or Typical. These are designations based on existing agricultural practices fully described in the Conditional Waiver, Order No. R4-2005-XXXX and the Monitoring and Reporting Plan Res. No. R4-2004-XXXX, No. CI-8835. If your answers to questions are "Yes" then you are likely to qualify for a Low-risk classification. Otherwise you will be listed as Typical.		
1) Is pesticide application performed in accordance with Integrated Pest Management Guidelines provided by University of California Cooperative Extension or the National Resource Conservation Service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2) Does the irrigated land have at least a 50-foot setback from any water body or wetlands or is it separated from that waterbody by buffer strips?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3) Has pest control been accomplished without pesticides listed for the watershed on the most recent 303(d) list?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4) Was irrigation runoff and sediment retained on the property (even during storms) by filter strips, buffer zones, retention basins, or other management practices?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5) Is subsurface water removed without tile drains?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6) Is discharge is impounded or treated, and/or is it is documented to meet all WQOs, TMDL load reductions and CTR?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Low-risk designation is chosen, please use the space below, or attach additional sheet, to describe the conditions that qualify the property for this designation. If insufficient information is submitted, the discharge will be classified as Typical.		

Latitude/longitude:
_____ Deg. _____ Min. _____ Sec. W. _____ Deg. _____ Min. _____ Sec. W.
Depth to groundwater (feet) - may use estimate based on regional groundwater data:

² Low Risk and Typical are designations based on existing agricultural practices fully described in the Conditional Waiver, Order No. R4-2005-XXXX, and the Monitoring and Reporting Plan, NO. CI-8835.

Identify all water supply wells within 500 feet of the nearest edge of property:

Identify all waterbodies within 500 feet of the nearest edge of property:

3. Water Supply

Water supply source (groundwater or other):

- ☐ On-site well
☐ Off-site well
☐ Water purveyor
☐ Other:

Location and depth to groundwater:
Name:

Average quantity (average daily and/or monthly amount used):

4. Type of Discharge

Estimated volume or flow of discharge (gallons or gallons per day) and acreage drained:

Average daily:

Maximum daily:

If intermittent flow, provide frequency:

5. Facility Information

Type, Acreage and Volume of Crops Produced each year, including

Row crops, Orchard, Vineyard, Nursery and Greenhouse and
number of acres using conventional and organic methods:

Type and quantity of pesticides applied, timing and method of
application, and % frequency of application with irrigation and
using IPM guidelines and acreage treated:

Storm water/Tail water management practices in place and
acreage drained.

Fertilizer application method, frequency, and acreage and %
acreage fertilizer applications decision informed by leaf/plant
or rootzone infiltration testing:

Describe other management practices in place which may mitigate contamination of water by fertilizer, pesticide, storm water, tile
drain or tail water discharges

6. Filing Fee

An annual fee has been set according to the State Board fee schedule for this waiver.

7. Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment." In addition, I certify that the provisions of the Conditional Waiver and the Monitoring and Reporting Program, will be complied with.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

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